DRAFT

Notes from Discussion on Two-Year Objectives

Ideas from December 7 2005 Meeting

Critical issue 1. Lack of sustainable funding

Items in italics are issues where there seemed to be some consensus. Material that isn't specifically a recommendation has been left in for context.

- *Integration of other tobacco program staff beyond Dave into disparities work, don't put all pressure on Dave*
- *Encourage other folks to participate in conference calls about tobacco disparities and hear how those folks are working on disparities.*
- *Leverage opportunities off of I-901, which may be very different for different communities*
- *1.3.2* (Objective: Benchmarks)- *Need to establish benchmarks to measure progress (are things working?)*
    - *Without increased funding for the program, will need to set priorities in target audiences, strategies, etc. Need to work in a more strategic way.*
    - *you can use data: divide data, interpret data, work with communities to establish benchmarks. DOH can support*
    - *use info gathered from various things like Tobacco Quitline*
- 1.3: (Strategy: enhance DOH's assessment capacities for disparities)
    - *Document and put in the white paper.*
    - *Provide training and support to contractors to help them evaluate and document successes so they can find funding through legacy funders, etc.*
    - *Evaluate current efforts to address health disparities in specific communities and population groups*

- What capacity and processes are needed to make the collected data useful? Outsourcing from DOH? *DOH needs to assist communities and contractors to use and apply the data?*
- *Need to identify "best practices"*. We don't know best practices yet. WA is model in some ways, develop promising approaches or best practices. Many best practices come from CDC; how do we influence them?
- *Learn from best practices used in addressing health disparities in related health issues*
- *Support community and system capacity building*. Many funders require it. Others want funding used to do projects but not capacity building.
- County coalitions sometimes not functioning. Frequently contractors are doing the work without community input – hard to get community members to the table if they aren't being paid
- *Take advantage of opportunities and existing capacity* - Skagit County has many Spanish radio shows but no money for Latino tobacco programs; we could send them radio spots. Do subcontractors give money to other groups?

DRAFT

Critical issue 2: Capacity building

- *Better connections between all disparities contractors other contractors and subcontractors, which emphasizes that all contractors should be involved in disparities work*
- *Other population-based work such as rural low income, pregnant women, and others*
- All ESDs and contractors are already required to do strategic plans, using community data, statistics, and qualitative data
- Look at all data that's out there for coming up with workplan
- *Identify how I-901 will affect current priorities. Need strategies for how to address disparities in the changing environment.* I-901 likely will increase the demand for cessation resources ; may need to add something about how I-901 will address these populations.
- *Keep community leadership development training a priority.* CCLI has been useful in engaging the five disparities communities receiving funds. It would also be helpful to rural and other county coalitions and contractors.
- Rural communities need this capacity building (leadership development) too. There was only one applicant for rural or diverse community mini-grants in Yakima. Need community more engaged and educated on tobacco issues. This requires a lot of time and money to make this happen.
- *Find ways to market TPRC-sponsored statewide trainings to members and organizations in underserved communities.*
- *Not enough staff—need more*
- To build capacity you must give people the resources. You can't ask people to take on one more thing without giving them the resources

Critical issue 3: Tobacco is a low priority issue in underserved communities

- *Seek ways to encourage greater collaboration and resource sharing between existing county, ESD, tribal and disparities contractors and subcontracting with CBO's in underserved communities to get them engaged.*
- *Coordinate grant-writing workshops between contractors; grantwriting support for communities we aren't normally serving*
- There will be more participation if there's money involved, if they have a chance at a grant
- *Put the money in the community, so it is the community-lead. Subcontracting with CBO's in underserved communities is best* . That is the most effective way. Many contractors are more interested in doing the work than managing others to do the work for them or they lack the resources to do so. Community members don't show up at coalition meetings because the community doesn't do the work.
- *Hire an additional bilingual staff member*

Critical Issue 4: Eliminate institutional racism

- Member expresses idea that the term institutional racism is not as inclusive as it could be. It limits institutional bias to race when there are others who experience institutional biases.
- Another member provides a full explanation of what "institutional racism" refers to. It's not just prejudice towards people of a different race but the way systems are set up so that a person of color or a low SES person or any other non-mainstream group cannot access services. It's about access. I-901 signs will probably be in English, which won't help non-English speaking Eastern European immigrants. If you want to address disparities you must eliminate things that prevent access. The term is just the terminology for this.
- Another member suggested if you are going to add wording beyond race-ethnicity why not homophobia.
- When all things are equal, racial or ethnic, etc. minority still receives inferior care
- discussion continues, original member still thinks the terminology is unnecessary, since for example, if you are 30 miles from a hospital, it doesn't matter what race you are, access is still difficult
- *Shouldn't remove the term because that may lighten it up to "do a cultural competence training every year."*
- We have a way of building systems that's unequal
- *What about changing the term to "eliminating institutional racism and bias"?*
- *TDAC cannot change this wording as it was created by CCWT as part of a long process. It is unfair to change this item of their work.* TDAC is charged with recommending new 2-year priorities, not changing the 6 goals, critical issues or strategies
- *Need more discussion of media and media vendors used by DOH*
- *Use more community-specific media outlets* There are many low-power Spanish stations; DOH won't go to public and college radio
- *4.1 (Strategy: identify and promote best practices and promising approaches)*
    - Need to define what this is. Generally there are few "best practices" in working with underserved communities, because no evaluation has been done.
    - *We will have to develop criteria for promising approaches and evaluate progress*
    - Examine what is being done in communities that can be used as best practices such as tribal communities, contractors. Data collection, evaluation.

Critical Issues 5 and 6: ran out of time to discuss these